

# Department for Public Health

## TRAINING CALENDAR NOTIFICATION OF ADDITION / DELETION / CHANGE

*Please circle one:*      *Addition*      *Deletion*      *Change*

Name or title of training:

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**BRIEF** description of training (two lines only):

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Target audience:

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Date(s) and Time(s) of training:

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Location of training:

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Name, telephone number & e-mail address of contact person:

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Other specific information (any registrations, CEUs if available):

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CEUs provided by DPH?      Yes \_\_\_\_\_      No \_\_\_\_\_

***Please send to:***      *DPH / LHDO / Training & Staff Development Branch*  
*275 East Main Street, HS1W-E*  
*Frankfort, KY 40621*  
*Attention: Debbie Bohannon*  
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